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Data Sheet

CONFIRMATION NO. 6767

<b>SERIAL NUMBER</b> 10/789,134	<b>FILING OR 371(c) DATE</b> 02/27/2004 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 10,398
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## APPLICANTS

Roger P. Jackson, Prairie Village, KS;

CONTINUING DATA \*\*\*\*\*

FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

05/19/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 5
SC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Filed and Acknowledged	Examiner's Signature	Initials		

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## TITLE

ORTHOPEDIC IMPLANT ROD REDUCTION TOOL SET AND METHOD

<b>FILING FEE RECEIVED</b> 771	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
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